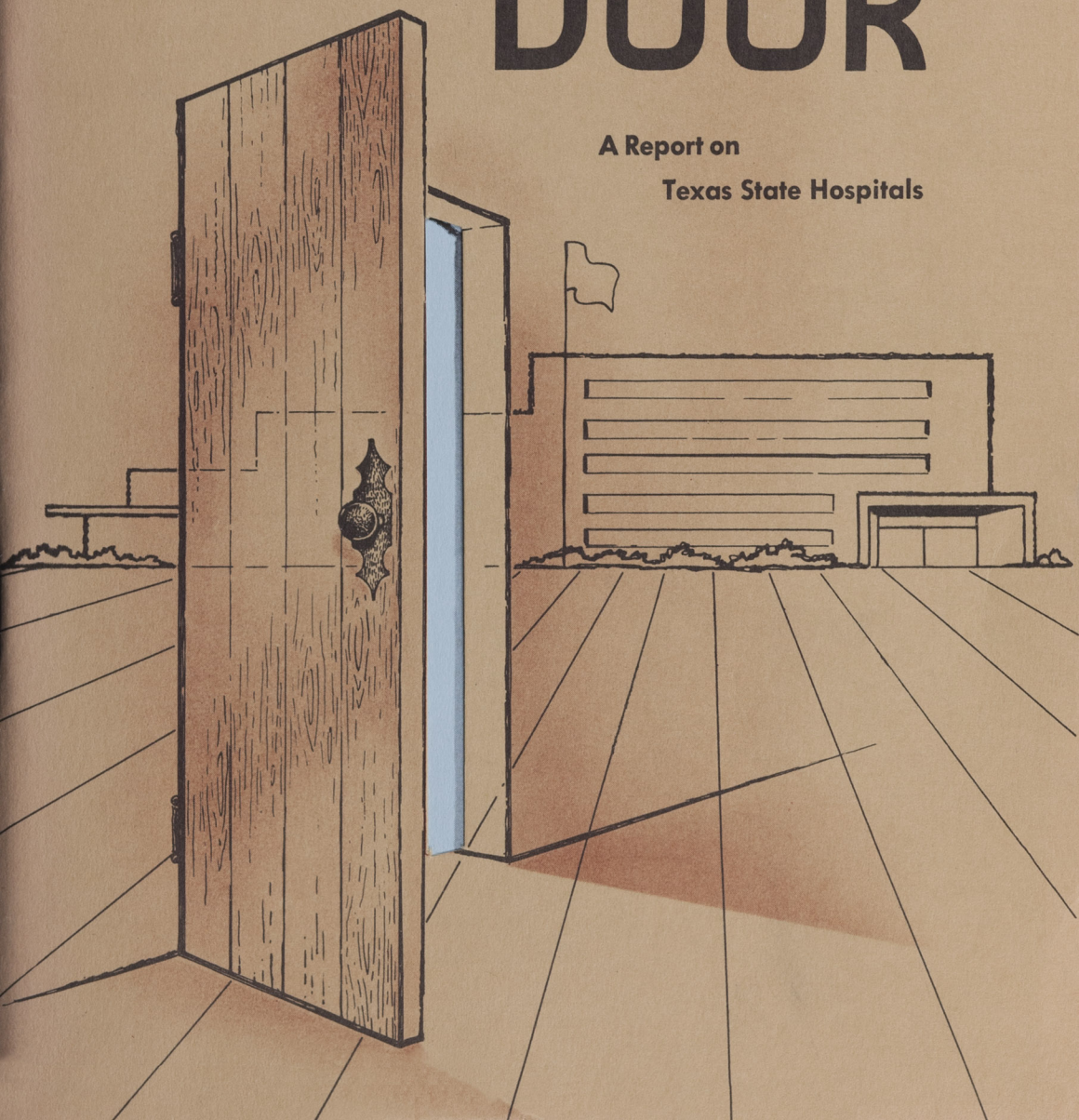


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THE OPENING DOOR

A Report on

Texas State Hospitals



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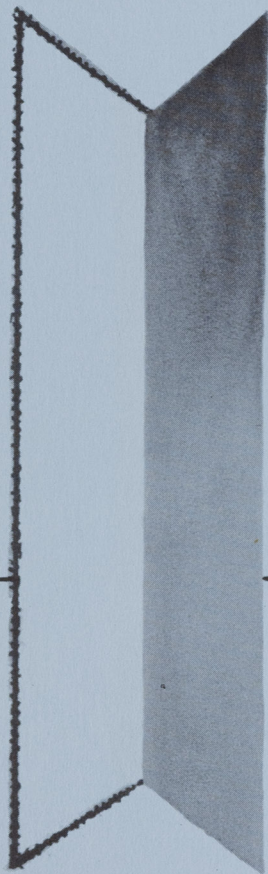
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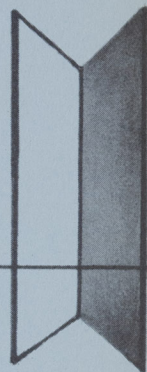
BERT KRUGER SMITH



THE HOGG FOUNDATION FOR MENTAL HEALTH

1958

Preface



THE TEXAS STATE HOSPITAL system serves as the most extensive mental health facility in the state at the present time. Through professional advances which have been made in it, treatment programs have been greatly improved; in addition, professional training opportunities for graduate students have increased in large measure. The Hogg Foundation for Mental Health, as part of The University of Texas, has been interested in helping in the development of professional training opportunities and also in working with the hospital system staff for improvement of treatment facilities. The Foundation has evidenced this concern through research projects in the field of mental illness, through a special rehabilitation study, through publications about the hospital program, its needs and improvements, and through aid to professional training projects. Before the 55th Legislature convened, the Foundation made a grant to The University of Texas School of Law for the research involved in the preparation of the Texas Mental Health Code, which was enacted into law.

In 1955, the Texas Research League, at the invitation of the Board for Texas State Hospitals and Special Schools, completed a two-year study of Texas State Hospitals and published their findings in a 13 volume report. The League asked the Hogg Foundation to publish a short summary of their study. Entitled *The Turning Key*, this booklet listed legislation passed by the 54th Texas Legislature and summarized legislation which the Research League report indicated should be passed in order to make the Texas State Hospital system more efficient and more effective.

This present publication, *The Opening Door: a Report on Texas State Hospitals*, is intended as a brief resumé of studies made, legislation passed, and projects begun from the end of the 54th legislative session to the end of the 55th.

A handwritten signature in black ink, reading "Robert L. Sutherland". The signature is written in a cursive, flowing style with a large, prominent "R" and "S".

Director

Hogg Foundation for Mental Health

Introduction

AN OPENING DOOR can mean many things. To the mentally ill confined in hospitals, an open door is a symbol—a symbol of advanced ideas in the care of the mentally sick. Whereas once people were confined behind locked doors and barred windows, whereas they they were often “sentenced” to custodial care for life, they now are regarded as sick people for whom intensive treatment and care can mean early return to homes and communities.

These changes have not come about haphazardly nor easily. Only in 1949 were the mental hospitals placed under a newly-formed Board for Texas State Hospitals and Special Schools. From that time until this, Texas mental hospitals have moved away from the idea of long-term care for thousands of people toward the concept of early intensive treatment for the mentally ill. Even in the past three years many progressive changes have been made in Texas State Hospitals.

The 55th Texas Legislature provided for research, training, and out-patient diagnostic and treatment centers as “pilot programs” in the hospital system. The Hospital Board itself initiated a comprehensive study of needs in the hospitals, and the Texas Medical Association spearheaded an independent survey of the system. Thousands of citizens, serving as volun-

teers in the hospitals or acting to arouse public interest in the needs of the mentally ill, have added to the upgrading of the hospital system.

Many factors have entered into such upgrading. Study, service, self-help, action, and legislation have all aided in making the Texas mental hospitals more effective treatment centers. It is hoped that this factual report, *The Opening Door: a Report on Texas State Hospitals*, will serve to bring together developments which have occurred since the earlier pamphlet was published.

Acknowledgements are made to the following critic readers who were extremely helpful in making suggestions for this manuscript: Mr. Raymond Vowell, Acting Director, Board for Texas State Hospitals and Special Schools; Dr. Rawley Chambers, Assistant Director for Program Development, Board for Texas State Hospitals and Special Schools; Mr. Vernon McGee, Legislative Budget Director; Mr. Jess Irwin, Jr., Director, Budget Division, State Executive Department; Mr. James Hankerson, Staff Legal Advisor, Texas Research League; Mr. Claire Fairchild, Assistant Director of Vocational Rehabilitation, Texas Education Agency; Mrs. Helen Colburn, Coordinator, Volunteer Services, Board for Texas State Hospitals and Special Schools; Mrs. Mildred Douglas, Public Information Director, Texas Association for Mental Health; Mr. Charles Mitchell, Director, Mental Health Division, State Health Department; Mrs. Mary Alice Coombs, Supervisor of Rehabilitation Therapies, Board for Texas State Hospitals and Special Schools; Mr. J. E. Bridges, President, Texas Association for Retarded Children; and Mr. E. W. Killian, acting Superintendent of Austin State School.

BERT KRUGER SMITH

LEGISLATION

The Door to Realization

MANY OF THE changes which have occurred in the hospital system during the past few years have been made possible by legislation passed by the 54th Legislature. Greater changes and further progress can occur through legislation enacted by the 55th Legislature.

Important laws enacted by the 54th Legislature included V.C.S. Art. 387 1b, the Mentally Retarded Persons Act, an encompassing piece of legislation which allowed for the development of a progressive state program for the mentally retarded. It provided for the modernization of admission methods and gave the Board for Texas State Hospitals and Special Schools authority to care for, treat, educate, train, supervise, and control retarded persons. It also made examination and diagnosis at a diagnostic center a condition precedent to admission. It authorized the Hospital Board to administer foster home care, to place retarded persons in supervised employment, and to conduct research programs, although it did not provide for monies to be used in the foster home program.

Two other significant pieces of legislation enacted by the 54th Legislature included Senate Bill 218, Initial Admissions to State Mental Hospitals, providing that before indefinite commitment can be instituted all initial commitments to state mental hospitals (except for the criminally insane) be for 90 days only. H.J.R. 11, Proposed Constitutional Amendment submitted to the voters in November, 1956, permitted revised commitment laws and waiver of jury trial. This amendment,

which was passed overwhelmingly by Texas voters, opened the door to legislation needed to modernize laws relating to the mentally ill.

The Research League study pointed out that the proposed constitutional amendment provided the key to other legislation such as: setting up a project for mentally ill children and giving the Board authority to operate foster home care services, out-patient clinics, and modernized social service and rehabilitation programs.

Still other suggestions made in the Texas Research League report included legislation for: placing the non-psychotic mentally retarded persons now in state mental hospitals in proper facilities or discharging them; establishing the responsibility of adults to pay costs of maintaining their parents in state hospitals and special schools; setting up a Study Commission on Aging to make a thorough investigation of all the problems of aging citizens; establishing legal methods whereby the cooperation of the Texas Prison System and the state hospital system can be most effective in securing and caring for the criminally insane; transferring the State Orphans' Home to the State Department of Public Welfare and the Negro Blind, Deaf, and Orphans Home to the Texas Education Agency; converting the Abilene State Hospital to a special school facility for the mentally retarded.

What of the 55th Legislature and its work for progress in the state hospital system?

Although three of the six measures for which the Board for Texas State Hospitals and Special Schools expressed a need did not pass, many important pieces of legislation concerning the mentally ill were enacted into law.

Hospital for Research and Education—H.B. 169

Because the state hospital program in Texas can be upgraded only as research and training is undertaken, House Bill 169 is particularly significant. Dramatic progress has been made nationally in finding causes of and treatment for mental

illness. As such research progresses in greater measure, other important discoveries may be made in the care and treatment of the mentally ill.

The desperate shortage of trained personnel to staff mental hospitals has often resulted in custodial care rather than intensive treatment of patients. It has been proved that training of workers in all aspects of patient care will add significantly to progress in future treatment.

The 55th Legislature, recognizing the paramount importance of research and training, enacted into law House Bill 169, stating it as:

An act authorizing out-patient clinics and establishing and providing for a community hospital for research and education in mental illness; for a large mental hospital and for out-patient clinics; regulating and providing for the operation of same; and declaring an emergency.

Under this act the Hospital Board is authorized to establish such out-patient clinics for treating the mentally ill as the Board deems necessary and as funds for their operation are available. It may also set up a total mental health program consisting of: (1) an area or community hospital of approximately 60 beds to be used for treating the mentally ill and for research, training, and education in treating mental illness, (2) an out-patient clinic which may be operated in conjunction with the community hospital, and (3) a separate larger mental hospital of approximately 500 beds.

Sites for the two new hospitals have been designated by the Legislature also. The 60 bed community hospital, according to the law, shall be situated within a city where a recognized medical center is located and operating and shall be accessible and convenient to the local medical center. The mental hospital, according to the law, shall be selected with a view to its accessibility and convenience to the greatest number of inhabitants and available medical facilities.

One out-patient clinic is to be operated in conjunction with the training and research hospital in Houston; authorization

has been made for separate out-patient clinics in Dallas and San Antonio.

Appropriation of Money—H.B. 133

Because adequate money for establishing and manning facilities which have been enacted by the Legislature is necessary to make such facilities a reality, House Bill 133, appropriating the monies, is especially significant.

For the construction and equipment of the new 60-bed community hospital to be located in or near the Texas Medical Center in Houston, the Legislature appropriated a total of \$1,848,000, for the next biennium. Covering the same period of time, from August 31, 1957 to August 31, 1959, the Legislature has appropriated \$762,150 for the operation of the research, training, and out-patient facility at Houston in temporary quarters until a permanent 60-bed hospital facility can be constructed to house that center. It has also authorized similar out-patient facilities to be located at Dallas and San Antonio and has allotted \$1,027,187 for the setting up of such facilities for the next biennium.

In the same act, vocational rehabilitation of retarded persons, which will be discussed in another chapter, was allotted \$50,000 by the Legislature. More than two million dollars was also designated for the construction and equipping of a new school for the mentally retarded. (Denton has been selected as the site for this school.)

The Legislature, looking into future needs, also created new jobs within the hospital system. Under the previous operation, provisions were made for an executive director, assistant executive director, director of psychiatry, tuberculosis director, and administrative officer. Now, under the present plan, as set by the Legislature, there are directors of mental health and hospitals, tuberculosis hospitals, and special schools. In addition, the Board structure has been divided so that there are three main departments: a Department of Mental Health and Hospitals (including an assistant director for program development, a director of research and training,

and a supervisor of psychiatric nursing); a Department of Tuberculosis Hospitals, (including a supervisor of tuberculosis nursing and an x-ray technician supervisor); and a Department of Administration (with an executive director and an assistant executive director). Such an organizational structure, following the plans of some of the country's most outstanding state hospital programs, will permit Texas to have an intensive program of training, research, and treatment for the benefit of the mentally ill in Texas.

The Texas Mental Health Code—H.B. 6

The Texas Mental Health Code introduces new concepts of treatment for the mentally ill and provides the foundation for more progressive treatment of state hospital patients.

The Code, which was drafted by faculty members of The University of Texas School of Law, and which was reviewed by members of the Hospital Board, legislators, and legal authorities, became effective January 1, 1958. The Code replaced the inconsistent, out-of-date, and inadequate commitment laws with a well-ordered law concerning the mentally ill. The necessary constitutional changes which the voters adopted in 1956 were proposed by the 54th Legislature. Before the passage of the Mental Health Code, there was no single statute which clearly defined the State's responsibility for the mentally sick, but instead there were numerous statutes dealing with various provisions for the mentally ill.

The purpose of the Code, as stated, is:

To provide humane care and treatment of the mentally ill and to facilitate their hospitalization, enabling them to obtain needed care, treatment, and rehabilitation with the least possible trouble, expense, and embarrassment to themselves and their families and to eliminate, as far as possible, the traumatic effect on the patients' mental health of public trial and criminal-like procedures, and at the same time protect the rights and liberties of everyone. (Vernon's Annotated Civil Statutes, Art. 5547-2.)

The Mental Health Code outlines two kinds of hospitalization, voluntary and involuntary, and subdivides involuntary

hospitalization under emergency admission, temporary hospitalization, and indefinite commitment.

Voluntary admissions as set out in the Mental Health Code may be made upon proper application by the proposed patient to the hospital superintendent if, after examination, the person is found to be mentally ill and to be likely to benefit from hospitalization. The proposed patient must agree to stay in the hospital for at least ten days. If he requests dismissal, the head of the hospital *may* retain him for 96 hours.

The entire voluntary admission program spells out new ideas and concepts concerning the mentally ill in Texas. When hospitals were able to give no more than custodial care, when legal procedures for admission were complicated, and when mental illness was regarded as a shameful development rather than as an illness, people were reluctant to seek voluntary admission to a mental hospital.

Under the three aspects of involuntary hospitalization, the Mental Health Code makes provisions for protecting both the proposed patient and society. Under an emergency admission, a person may be taken into protective custody by the proper authority; however, the officer must obtain an order from the county court within 24 hours after the person has been taken into custody. Also, if the person is found by hospital authorities to be mentally ill, he still may be detained for no more than 96 hours without notification to his guardian or responsible relative. The person must also be examined within 48 hours.

In the case of temporary hospitalization, the county judge or some other responsible adult may file an application for such hospitalization for a period of 90 days. Before any hearing is held, two physicians must have examined the proposed patient within five days and must have filed Certificates of Medical Examination for Mental Illness.* Hearings may be held anywhere, and the proposed patient does not have to be present but, of course, he may be if he wishes. No person can

* Requirements for such certificates are specified in the Code.

be committed to a state hospital indefinitely, under the Mental Health Code, unless he has already been a patient for at least sixty days under an order of temporary hospitalization which has been entered within the preceding twelve months. Again, the petition for this commitment must have a Certificate of Medical Examination, showing that a physician has examined the patient within the last 15 days and that he found him mentally ill. Other suitable safeguards are provided for the patient who enters the hospital under any of the three proceedings. (See *Interpretation of the Mental Health Code*. Austin, Texas: The Hogg Foundation for Mental Health.)

Laws Concerning the Criminally Insane—H.B. 906

Laws concerning the criminally insane have been completely rewritten under House Bill 906. County health officers and county judges play an important role in the administering of this law because the county judge may now transfer a prisoner to a state mental hospital if the county health officer feels that the person is mentally ill and if facilities are available for his care.

Purpose of the law as stated is:

An act concerning the trial and commitment to a state mental hospital of insane persons where insanity is raised as a defense or as a bar in a prosecution for a criminal offense; providing for treatment in a mental hospital of mentally ill prisoners; clarifying the status of mentally ill persons not charged with a criminal offense; providing for crediting of time in a mental hospital to the sentence of a prisoner; amending Article 34 of the Texas Penal Code; repealing certain statutes and laws; providing a saving clause; providing a severability clause; and declaring an emergency.

H.B. 906 provides that a person charged with a criminal act and found to be insane at the time of the offense is acquitted of the crime. If he is found to be insane at the time of the trial, he is committed to a state mental hospital until he is declared sane. Where the question of a person's sanity is raised after his conviction and prior to sentencing, the defendant, if found to be mentally ill, is sent to a state mental

hospital. However, no person can be committed to a mental hospital under this law except on competent medical or psychiatric testimony, and time spent in a state mental hospital may, at the discretion of the court, be credited to the term of the person's sentence upon later sentencing or resentencing.

In the case where a prisoner is serving a sentence in a county jail, the county judge may transfer him to a state mental hospital if the county health officer certifies that the prisoner is mentally ill and would benefit from treatment in a mental hospital, and if mental hospital facilities are available.

The remainder of the bill spells out rules for examination of the patient prior to the expiration of his sentence, for action where recovery takes place before the expiration of the sentence, and for persons escaping from mental hospitals. (See *Interpretation of the Mental Health Code*. Austin, Texas: The Hogg Foundation for Mental Health, pp. 18-21).

Provision for School for Mentally Retarded—H.B. 653

Appropriation for the new school for the mentally retarded has already been mentioned. Provisions for such a school were made in the following words:

There shall be constructed, established, and maintained an additional school for the diagnosis, special training, education, supervision, treatment, care or control of mentally retarded persons of this State. It shall be known as the State School; that after the said State School has been located, then the name of the city near which it is located shall be added before the words "State School" which shall be its name.

This bill, recognizing serious overcrowding which has existed for a long period of time in present facilities, was passed unanimously in both House and Senate.

In addition, H.B. 789 provided for the Abilene State Hospital to be changed to the Abilene State School and to serve the retarded in that area of the state. Epileptics who are mentally retarded or mentally ill are placed in a state hospital or special school.

Treatment of Narcotic Drug Addicts—H.B. 88

This new law on the treatment of narcotic drug addicts bears an important clause concerning juveniles. Section 5 reads in part:

When any juvenile is declared to be a delinquent child because of his habitual use of or addiction to narcotic drugs, or when the judge of the juvenile court finds that any delinquent child under the jurisdiction of the court is addicted to the use of narcotic drugs, the court may order the child to be committed to the custody of the Board for Texas State Hospitals and Special Schools for treatment in a state hospital, providing there are facilities available in a State Hospital, and the Board consents to such admission, to remain in the hospital until the medical authorities of the hospital certify that he is cured or that further treatment will not likely be beneficial. The delinquent child shall continue to be subject to the jurisdiction and orders of the committing court during the time of his confinement in the hospital, and shall be remanded to the court upon his discharge.

The bill also provides for voluntary treatment and commitment of drug addicts in a state hospital. A person so admitted shall, if he has funds, pay for his maintenance at the hospital.

The act is considered of special importance because up to the date of its passage, there were no legal provisions for treatment of drug addicts by the State.

Other significant legislation, while not bearing directly on the mentally ill and retarded, has important tangential effects on the care of those persons.

Suitable Jails Bill—H.B. 448

Article 5115, Revised Civil Statutes of 1925, stating that jails shall be provided and kept clean and comfortable and not overcrowded, has long been on the statutes. However, House Bill 448, an amendment to the Article, provides additional aids to enforcement by requiring the Commissioners Courts to provide suitable jails in their respective counties. The Texas State Department of Health has been charged with the super-

vision of the enforcement of the provisions of this law.

Several vital considerations have been made in this bill: that juveniles shall be segregated from adults, and first offenders from all other classification of prisoners. Another progressive point in the bill is that "no person suspected of insanity, or who has been legally adjudged insane, shall be housed or held in a jail except that such person who demonstrates homicidal tendencies and who must be restrained from committing acts of violence against other persons may be held in a jail for a period of time not to exceed a total of seven days."

For many years Texans have been incensed with the knowledge that mentally ill persons are often restrained in jails, thus adding to the traumatic effects of their illness and commitment. Under the new law, such persons, unless homicidal, will not be jailed.

Needs of Physically Handicapped and Retarded—S.C.R. 39

Awareness of the need for a concerted plan of action for the physically handicapped and retarded is shown in Senate Concurrent Resolution 39, which directs the Texas Legislative Council to make a study which specifically includes: (1) A determination of the extent and scope of the needs and problems of the physically handicapped and the mentally retarded youth in the State of Texas and the extent to which these needs and problems are being met. (2) An examination of existing facilities, both public and private, for the education, training, care and treatment of these youth. (3) Recommendations concerning the improvement, expansion, and coordination of all these facilities in the light of the best interests of the persons involved, the local communities, and the state. (4) The making of a full and concise report concerning its investigation and recommendations, if any, for legislative or other action to the 56th Legislature.

Behind this resolution is the philosophy that because the interests of physically handicapped and mentally retarded youth in the state are of great concern to many individuals and organizations and because these agencies and groups are

endeavoring to provide services independently, it seems both desirable and necessary that a complete and thorough study be made of all related problems concerning education, training, care and treatment of these young people in order to co-ordinate to best advantage work of the various individuals, agencies, and groups involved.

Commission on Aging—S.C.R. 60

Recognizing that needs of the state's older citizens are not being fulfilled properly and that the rate of increase of older people in our nation is growing rapidly, the Legislature set up a committee of 15 members for the purpose of studying, drafting, and recommending to the next Legislature, legislation to be enacted for the aid of the state's senior citizens. These recommendations should include those on the special problems of the aged in matters of health, rehabilitation, family relations, employment and income, housing, and any other related fields in which the committee may feel action is necessary and proper for the well-being of the aged. Five members of this committee are to be outstanding citizens, five others appointed from the Senate, five from the House.

The Commission should serve an important function in helping to show how the state can meet, in the best manner, its responsibilities in the matters of employment, housing, and mental and physical health.

Texas Youth Council—S.B. 303

The purpose of this act, as stated, is:

. . . to create a Texas Youth Council to administer the state's correctional facilities for delinquent children, to provide a program of constructive training aimed at rehabilitation and re-establishment in society of children adjudged delinquent by the courts of this state and committed to the Texas Youth Council, and to provide active parole supervision of such delinquent children until officially discharged from custody of the Texas Youth Council. It is the further purpose of this Act to delegate to the Texas Youth Council the supervision of the Corsicana State Home, the Texas Blind, Deaf and Orphan School, and the Waco State Home.

In the Act the Legislature endeavored to place correctional facilities for youth under a single administration in contrast to the previous arrangement in which the Hospital Board, the Youth Development Council, and the Department of Public Welfare shared responsibility.

The Texas Youth Council consists of three members appointed by the Governor with the consent of the Senate. Members are to be influential citizens in their respective communities who are recognized for their interest in youth.

The Council is charged with the duties of carrying on a continuing study of the problem of juvenile delinquency in this state and seeking to focus public attention on special solutions to this problem. The Council is also, according to this Act, to administer the diagnostic treatment, training, and supervisory facilities and services for delinquent children committed to the state. It is to study the problem of juvenile delinquency in Texas and to seek to focus public attention on special solutions to the problem. It is also asked to cooperate with all existing agencies and encourage the establishment of new local and state agencies, if their object is services to delinquent and pre-delinquent youth.

This quick overview of legislation passed in 1957 demonstrates that Texas, in its service to the mentally ill, the physically handicapped, the retarded, the delinquent, and the aging, now has many of the tools it needs to make existing agencies better, to create new ones, and to increase research and training in these vital areas.

STUDIES MADE

Door to Knowledge

WHAT LIES BEHIND all of the Legislative action, the stimulation of research programs, increased activities in volunteer projects? What is the background for the progressive changes which are taking place in Texas mental hospitals?

Long months of intensive study and planning ideally form the foundation for the building of any good action program. Aware of this fact, the Hospital Board itself and the Texas Medical Association instituted careful studies of needs in the Texas system. In addition, smaller and diversified study programs have been undertaken by the individual hospitals and by other groups working in conjunction with the hospitals.

TEXAS MEDICAL ASSOCIATION STUDY

Toward the end of 1956 the Texas Medical Association set out to learn fully and scientifically what was needed in the state to promote a comprehensive mental health program in both prevention and cure. Authorized by its membership and through the offices of its president, executive secretary, and the Committee on Mental Health, the Association invited Dr. Francis J. Gerty to serve as a consultant for the Association on the mental health services in Texas.

Working against the handicap of time (because at least a partial report had to be made ready early in February to be of any use to the Legislature of Texas during the 55th Session), Dr. Gerty reviewed many of the reports and documents bearing upon the history of the Board for Texas State Hospi-

tals and Special Schools and held a number of interviews, in addition to spending time in personal observation.

Dr. Gerty, although interested in the functions of the hospital system, attempted to survey all of the mental health problems in the state, including services in local communities for treatment and prevention of mental illness, selection of patients for admission to state hospitals, and rehabilitative and follow-up services to patients discharged from the hospitals.

As Dr. Gerty said, "In spite of the progress that has been made, the overall picture concerning these illnesses is such that there is an imperative call, not only for more medical research and for more psychiatrists, but for more participation by persons trained in other professions, notably psychology, sociology, social work, and nursing, both in basic research and in the working out of practical programs of management. The chief impediment to formulating a program, then, is the lack of fully reliable wide range criteria for application to the factual information which is available. The attempt to work out such criteria will be a necessary part of this report. The practical application must fail unless there is some success in this."

In his report, Dr. Gerty also noted the difficulties of the task of formulating effective programs for the prevention and treatment of mental illnesses. He added:

The problem of prevention of mental illness immediately brings the family and the local community into question. It also suggests the importance of public education and of restructurings of thinking on how to extend benefits through social organization. These things are important, but in general it is difficult to get at immediate problems through the theoretical educative approach which they involve in very large measure at the present time. The practical approach will have to be through development of agencies already existing in the community and the wise creation of new ones. Through furnishing some immediate help, there will be double benefit—that of service and the opportunities afforded to learn from practical experience. The approach suggested involves

much more than direct medical treatment. It also requires the breaking of some old barriers through better organization, communication, and planning, and it must have practical beginnings.

In discussing community needs for the mentally ill, Dr. Gerty touched on a subject which has stimulated an increasing amount of study. Experts who have reviewed the problem in all states have concurred that rehabilitation of the returning patient must be a subject of continuing consideration. Dr. Gerty puts it this way in his report, "The symptoms of mental illness do not appear first while the patient is in a state hospital; neither is it the best place to study the progress of causes. The hospital is a station along the road and, unfortunately, an end station more often than it should be. . . . Too often, also, when the patient does return to the place whence he set out, that place is not as ready to receive him as it might be nor may his preparation, after long absence, be such that he can face readily the changes that have occurred since he left it."

Moving specifically into a program for Texas, Dr. Gerty stated:

The Texas State Hospitals have developed their service in the traditional pattern; that is, without much relation to local community service. This separation and isolation is very evident even on cursory examination of the data. The result has been a heavy and somewhat indiscriminately selected patient intake with consequent overloading of the hospital facilities because the outlets for the return of patients to the community are inadequate. There is a lack of supervision of community-hospital relationships at the point of admission to and discharge from the hospital.

Community services are relatively undeveloped. Such services as do exist are not under the supervision of the Board for State Hospitals and Special Schools which does have responsibility for the state hospitals. Either extension of the service functions of the Board into the community or else somewhat complicated coordinating relations between the state hospitals as custodial and treatment institutions and the several community agencies will be required to remedy the defect.

A quick review of Dr. Gerty's recommendations will be particularly apropos because, as will be noted, many of them have been taken into consideration and beginning action by the 55th Legislature.

The eight points which Dr. Gerty set out as important to the establishment of a program for the prevention and treatment of mental illnesses in Texas are as follows:

1. A model demonstration mental health program should be established in one section of the state where it could serve an adequate division of the total population of the state. This unit should have support from the entire state, and as soon as is feasible, modified counterparts should be established in other areas. (See H.B. 169, pp. 7-9.)

2. In order to insure good quality of intensive psychiatric treatment by all patients, whether in clinic or hospital, organization and lines of authority for the control of the mental health service in the state must be established, perhaps through establishing the position of Director of Mental Health under the Board for Texas State Hospitals and Special Schools. This Director should serve immediately under the Board and have sufficient professional help in the three functions of service to patients, training of personnel, and research.

3. Entanglements with hospitals and institutions which have functions foreign to mental health service (except for the schools for the mentally retarded) should be avoided by placing the other institutions presently under the direction of the Board under other supervision.

4. Planning should be begun immediately on construction necessary to establish the program in the first recommendation. (See H.B. 133, pp. 9-10.) Construction and repairs for the present system should be sufficient to keep the plants in good condition but should not be set out on a 10-year plan. Future new construction should be based on study of locations in conjunction with population needs and in accordance with a long-term program.

5. Salary scales for all personnel in the Texas State Hospital system should be set at a high enough level to put Texas in a favorable position with other states.

6. The facilities suggested in the first recommendation should include the whole population segment of the state which is chosen for the establishment of the first program. The design of the project should include all of the factors needed for the prevention and treatment of mental illness, with research into methods of treatment of mental illness, and with training of people to serve in the program of treatment. Two bases of operation have to be set up under one control but with free communication between them in service, planning, and research and training. The first base should be a community one, containing an out-patient clinic, serving full-time, and an in-patient service of about 50 beds. In addition there should be enough laboratory and other facilities to serve the purpose of training personnel and stimulating research activities involving the whole project. The state hospital should be the second base and should contain about 500 beds, accessible to the population it serves but at some distance from the clinic. (See H.B. 169, pp. 7-9.) The Houston area is favored for the demonstration project. In both of these base institutions importance should be given to training of personnel, provision of conditions for retaining personnel, and research.

7. If the recommendations as stated are acceptable, a planning and advisory committee centered around the Mental Health Committee of the Texas Medical Association and including those persons who have worked as consultants in this study should be appointed to work out details of carrying out such a program and to recommend temporary measures which might be taken while the program is being set up and developed.

8. The appointment of a continuing planning and development committee should be contemplated to advise the Board, its mental health director, and the Budget Bureau of the

Legislature concerning development, improvement, and extension of the mental health service system. These recommendations should be prepared in order that all information will be ready for the Legislature approximately one year before the biennial sessions.

Dr. Gerty stated that his reasons for recommending changes in organizations and lines of authority were twofold: (1) to disentangle numerically predominant and expanding mental health service from unrelated services and (2) to eliminate unnecessary authority barriers between the policy board and the operating Director of Mental Health Services so that responsibility for program development and functioning can be clearly defined.

In Dr. Gerty's report, he made brief suggestions concerning alcoholism, geriatrics, and children's service.

He recommended that the Commission on Alcoholism work closely with the Council on Mental Health and with the Committee on Alcoholism of the American Medical Association. He suggested that pilot projects under careful control be established.

Concerning geriatric problems, Dr. Gerty added that community service plans, such as those outlined in his report, could offer much help to geriatric patients through preventing their admission to state hospitals because of the development of other community centers.

Dr. Gerty made no recommendation about the establishment of residential treatment centers for children in Texas. He stated the belief that a better base of general service should be developed before attempts were made to set up such specialized centers. However, he added that as soon as possible, centers of this kind should be established on a research basis.

REPORT BY THE AMERICAN PSYCHIATRIC ASSOCIATION

The Hospital Board itself initiated a study into each of the six mental hospitals and the Central Office organization early in 1956, by inviting the American Psychiatric Association's

Central Inspection Board to study the Texas State Mental Hospitals. Dr. David C. Gaede, representing the Association, inspected the hospitals from early May, 1956, until late in December of that same year and presented a comprehensive three volume report of his findings.

The complete services of each hospital were thoroughly reviewed, and recommendations were presented for the upgrading of each hospital service. Comparisons were made between personnel employed at the individual hospitals and American Psychiatric Association standards.

Of the six mental hospitals in the state, Austin State Hospital and Terrell State Hospital received provisional accreditation, to remain in effect until a later inspection can be made. Since medical personnel to staff mental hospitals is at a premium, it is not surprising that all of the hospitals inspected showed a much smaller number of people on the medical and nursing staffs than American Psychiatric Association standards recommend. Shortages were also evident in other classifications of hospital personnel.

Instead of attempting to list the dozens of individual recommendations made by Dr. Gaede for each state hospital, a listing will be made, instead, of his chief suggestions concerning the Hospital Board and the overall care of patients in Texas Mental Hospitals.

Dr. Gaede listed eight recommendations concerning the Hospital Board as follows:

1. Because of the magnitude of the mental health program in Texas and the number of activities covered, it would be desirable for all functions usually associated with a state mental health program to be integrated in a Department of Mental Health. This Department should supervise the mental health program, public education, out-patient facilities, mental hospitals, schools for the mentally retarded, and should have authority to license private hospitals for the care of patients with mental and related conditions.

2. A Commissioner appointed by the Governor should head

this department. He should be a psychiatrist well qualified by training and experience in mental health administration and should have had at least five years of hospital administration and/or experience in a state mental health department or clinic.

3. A Mental Health Board, similar to the state-wide Coordinating Committee on Mental Health, should be appointed to act in an advisory capacity to the Director (Commissioner) of the Department of Mental Health. These board members should be respected and interested citizens willing to volunteer their services. Term of office should equal the number of members of the Board, and the terms should be staggered.

4. The department should be so staffed that there would be three deputy commissioners. One, a psychiatrist, could have charge of the mental hospitals and schools. Another psychiatrist should have charge of the state mental health program including clinics, public education, etc., and the third should be a deputy commissioner in charge of the business and fiscal division.

5. The Commission should be authorized to obtain such other professional and sub-professional assistants as are necessary to staff a central department and who would be able to give consulting services to the various institutions controlled by the department.

6. Lines of authority between the Commissioner and the superintendents should be carefully delineated. Authority should be distinguished from advisory and consultative relations.

7. All appointments should be on the basis of professional ability and not on the basis of political expediency.

8. The excellent divisions already established should be made a part of this department, i.e., Social Service, Nursing Service, Volunteers, etc.

Concerning laws relating to the admission and discharge of patients, Dr. Gaede made recommendations which the 55th

Legislature followed in great measure. (See *Interpretation of the Mental Health Code*. Austin, Texas: The Hogg Foundation for Mental Health.) His four recommendations are as follows:

1. The proposed new Mental Health Code should be put into effect as soon as possible after the Legislature has acted upon it. All laws pertaining to mental health should be confined in one section. They should be published in booklet form and distributed to all persons concerned.

2. The adjudication of competency and the ability to exercise civil rights should be a separate procedure from the determination of mental illness or commitment to a mental hospital.

3. Patients who are released on furlough from the hospital should be given an absolute discharge from the hospital at the end of one year provided that their mental condition justifies it. Prior to discharge they should be re-examined at the hospital, an out-patient clinic, or by a licensed physician, and the superintendent shall determine from the report submitted whether the patient should be given an absolute discharge or continued on furlough for another year. When a furloughed patient cannot be found after diligent search, an automatic absolute discharge should be given at the end of one year. (See *Texas Mental Health Code*, Sections 80-81).

4. Voluntary admissions should be for an indefinite period rather than for 90 days. The patient should be discharged on his written request given at least five days prior to discharge. The superintendent would have the right to request a formal commitment if he did not feel that the patient should be discharged. (See *Texas Mental Health Code*, Sections 22-26.)

Concerning the mentally ill criminals, Dr. Gaede had five specific recommendations to make, as follows:

1. It is recommended that a new maximum security hospital be constructed with a capacity of 1,000 beds for the psychiatric care of mentally ill criminals.

2. This proposed maximum security hospital should be

under the supervision of a psychiatrist who has had training and experience in forensic psychiatry, and the hospital should be under the control of the Department of Mental Health.

3. Laws regarding the care and treatment of the non-psychotic defective delinquents, sociopaths and sex offenders should be formulated and included in the proposed revision of the code.

4. Sexual psychopaths, defective delinquents, and sociopaths should be under the jurisdiction of the proposed Department of Mental Health.

5. A law requiring that all capital offenders and felons be examined by two fully qualified psychiatrists appointed by the judge on the recommendation of the commissioner would reduce the possibility of conflict in the testimony.

In his study of the mentally retarded, Dr. Gaede stated that the Hospital Board itself was seeking a repeal of the law relating to epileptics and their admission to and treatment in Abilene State Hospital only. Dr. Gaede made one recommendation concerning epileptics and one concerning the mentally retarded. They are:

1. The proposed plan relating to the repeal of the present law for the commitment of epileptics to the Abilene State Hospital should be expedited. (See H.B. 789, Art. 3232b, p. 13.)

2. Because of the present overcrowding in the Schools for the Mentally Retarded and the present large waiting lists, consideration should be given to constructing another hospital-school for these patients. (See H.B. 563, p. 13.)

JUNIOR LEAGUE STUDY

One group of concerned citizens spent almost a year in making a study of the need for residential treatment centers for disturbed children. Comprising the Public Affairs Study Committee, nine Junior Leagues of Texas entered into the survey to find out what facilities were available in their communities for children needing residential treatment.

Their report was compiled and distributed not only to the

Junior Leagues of Texas but also to agencies which had indicated an interest in having such information. In addition, the Hogg Foundation published a booklet entitled *No Place for Tommy*, which was based on information collected by the Junior Leagues and which was distributed to interested citizens and organizations.

It can be seen from resumés of these studies that months of professional effort went into the official recommendations which were presented to the 55th Legislature. Behind the professional studies lay the devoted interest of hospital personnel, medical men, and concerned citizens who have spearheaded such studies and action programs to improve the Texas mental hospitals.

PROGRAM WITHIN THE HOSPITAL SYSTEM

Door to Action

ALTHOUGH THE INFLUENCE of people and agencies outside the hospital system can be helpful in implementing better programs for the mentally ill, hospital authorities recognize that much of the progress has to be made within hospital walls. Surveys, volunteer programs, and legislation are important, but the responsibility for translating such programs into action lies with the hospital authorities themselves.

PROGRAM FOR THE MENTALLY ILL

During the past two and a half years new programs have been started and beginning programs strengthened. Some of these action efforts will be described in the areas of research, treatment, chaplaincy program, recruitment, and rehabilitation services.

Research Programs

Because research may open many doors to knowledge about mental illness, some of the state mental hospitals are undertaking various research projects. These may be entirely hospital supported or may be made with the help of other agencies. This pamphlet will not attempt to spell out the entire plan for research currently underway in the hospitals. Instead, several of the studies will be described in order to show the scope of the projects and the ways in which they are implemented.

With the assistance of Texas Woman's University, the Kerrville State Home has begun a study in geriatric nutrition, com-

paring selected patients who receive the regular general diet with special protein, mineral, and vitamin supplements added in preparation with another group which is receiving the general diet without supplements.

At San Antonio State Hospital a drug evaluation project is under way at no cost to the hospital, while at Terrell State Hospital some informal research on new drugs has been carried out. Another project at Terrell State Hospital consists of a study made by a member of The University of Texas Medical Branch, and supported partly by them, on the use of a tranquilizing drug in mental cases. Social studies on community resources to support patients on discharge have also been undertaken at Terrell.

Austin State Hospital is initiating a controlled five-year study of psychological treatments, lobotomy, and tranquilizing drug costs to the institution. The University of Texas Biochemical Institute and the Hogg Foundation are working with Austin State Hospital authorities in selected research projects.

Although few other formal studies are being made at the state mental hospitals, individual research studies in psychology have reached into all of them since 1954.

The first year's work on a two-year community study on how discharged or furloughed mental patients work out their re-adjustment to community life began the first of January. Dr. Robert L. Sutherland, director of the Hogg Foundation for Mental Health, is serving as principal investigator for the study, for which a \$48,300 grant has been made by the National Institute of Mental Health to The University of Texas.

The first community-centered rehabilitation study undertaken in Texas, this project will study discharged or furloughed patients from two state mental hospitals to four Texas communities with populations under 50,000. Co-directing the project are Dr. R. C. Rowell, Terrell State Hospital superintendent, and Dr. Wayne H. Holtzman, associate director of the Hogg Foundation.

Treatment Programs

The open door policy in the mental hospitals has been greatly increased through the effectiveness of treatment programs with tranquilizing drugs and other procedures.

This new treatment program has had other beneficial effects on patient care and activities. For example, as tranquilizing drugs have put patients into greater contact with reality, the patients have been able to participate in hospital activities, thus adding to the program of rehabilitation of both acute and chronic mental patients.

The effectiveness of these continuous treatment efforts may be demonstrated by these facts: As of August 31, 1954, there were 16,545 patients in the mental hospitals, including the homes for psychotic aged. By August 31, 1957, this overall patient load had been lessened by 698 to a total patient population of 15,847, despite a consistent increase in admissions.

Recruitment

Because capable employees at all levels can open many doors to progress, all of the hospitals have undertaken programs of recruitment. It is a recognized fact that employees are attracted to positions where working conditions make possible recognition and accomplishment; consequently, many of the recruitment efforts have been made through setting a climate for favorable employment.

In addition, a personnel division has been instituted during the past biennium, both in the central office of the Hospital Board and in the individual institutions. Despite the fact that shortages still exist nationally in the trained hospital personnel field, changes for the better have been made in the Texas Hospital System. For example, although the ratio of patient to doctor is still far from ideal, it has undergone some revisions for the better in the past few years. In 1954-55 there were more than 250 patients to each full time physician; by the close of the fiscal year, 1957, this ratio had improved to the point of one to 150.9.

Another important innovation in the recruitment of trained personnel came about in June of 1954 when a supervisor of psychiatric nursing service was brought to the central office of the Hospital Board. At that time 58 registered nurses were on duty in the mental hospitals; by the close of 1957, this number had increased to 97. Other improvements have been made in the related professions devoted to patient care.

Still other recruitment efforts have made for improved hospital climate. A registered dietician with a wide range of experience now heads the dietary service. In addition, four registered dieticians serve in the mental hospitals and two in the special schools, while three or four years ago, they were almost unknown in the hospital system.

Important achievements in recruiting trained personnel have been made in all areas of the hospital operation, including maintenance and service industries as well as administration and medical care.

Chaplaincy Program

Although it has been in effect longer than three years, the chaplaincy program in all of the state mental hospitals has proved to be an effective on-going project in both training and action.

Begun by Bishop John E. Hines when he was a member of the Hospital Board, the chaplaincy program has increased to the extent that there is now a chaplain-coordinator for the entire hospital system plus full-time chaplains in each of the state mental hospitals. In addition, the program is affiliated with the Council for Clinical Training and is part of a nationally accredited training program. It is one of 40 such centers throughout the country and provides clinical training for theological students.

Regular summer training programs are held for theological students of all Christian denominations; additionally, full-time winter training programs are held for those men who want to go into the chaplaincy program. The chaplaincy pro-

gram maintains close liaison with the seminaries in the state.

The major responsibilities of the chaplain-coordinator consist of advising the hospital administrators concerning chaplaincy standards and nominations for chaplaincy positions. He also assists the chaplains already residents in the hospital by helping them relate their programs to church agencies and theological seminaries. He is called upon for consultations from time to time with superintendents and chaplains in regard to individual religious programs and personnel problems. In these endeavors the chaplain works closely with and is advised by a group of clergymen and laymen representing all of the major Christian faith groups in Texas.

The function of the chaplain in the state hospital is three-fold: (1) To visit patients and to counsel with them with the aim of helping the patient utilize the resources of his own religious faith. In addition, the chaplain holds church services, Bible discussion groups, and whatever other religious activities might prove beneficial. (2) To work with relatives of patients and to help create a favorable climate for the patient's recovery. (3) To work with clergymen in the community, both in assisting with problems in their own parishes or with their parishioners who are confined in the state hospitals.

The training programs, which utilize a half dozen students in each hospital, consist of regular seminars, lectures, personal consultation, and actual work with the patients under the supervision of hospital personnel.

Rehabilitation Therapy Services

Rehabilitation services, which used to be geared mainly toward diversional activities, have been reoriented during the past few years toward more therapeutic goals by coordinating all patient activities, expanding occupational therapy to include both ward and shop work, and setting up a community retraining program.

Rehabilitation therapists in the hospitals are aiming toward

building work and stress tolerance by providing a graded program of patient activities and through pre-vocational exploration and evaluation. This increased therapeutic program is made possible by the addition of more medical personnel in the hospitals. Working with the doctors, the rehabilitation teams have been able to plan programs for the greatest benefit of each patient. Standard forms, recently developed, provide more adequate prescriptions and a better system of referrals.

Coordinating patient activities is carried out through team planning and the setting up of master program schedules, thus providing a well-balanced program of work and recreation and cutting down on conflicts and confusion concerning activities.

The therapeutic approach in the hospitals and the effects of tranquilizing drugs leading to an open-ward policy have been important factors in implementing the increasing programs in rehabilitation therapy. More shop work is now provided for intensive treatment patients, and activities for these patients have been expanded to both wards and clinics.

With the expansion of the community retraining program many patients are now being trained or retrained for jobs outside the hospital. Some craft sections have been revamped, and emphasis has been placed on training the patients to assume responsibility. Three of the state hospitals, Terrell, Austin, and San Antonio, have industrial therapy programs by which patients are placed in hospital industries for pre-vocational exploration and testing of skills in group living and work situations. Therapists plan with the Texas Education Agency's vocational counselor who is responsible for continued training and job placement outside the hospital.

Adult education classes have been expanded also. Typing is taught in most of the hospitals, and other classes are held throughout the system. Aid to patients who want to finish high school and college has also been established.

The music program has grown throughout the hospital

system to include rhythmic, choral singing, and individual instruction. Bedside and ward activities have been planned, with ward personnel instructed in implementing these activities.

In addition, training for rehabilitation workers has been emphasized. Many of the rehabilitation workers are enrolled in college courses. The system now boasts 10 registered occupational therapists and one registered music therapist. There are now 10 rehabilitation specialists, college graduates with specialized skills, and 8 rehabilitation therapy technicians who have been graduated from the junior college training program. One therapist has recently taken a three-month course at the Menninger Hospital. Members of the rehabilitation department are enrolled for courses in psychology, recreation, music, group work, and group dynamics at six Texas colleges: San Antonio Junior College, Trinity University, St. Mary's University, The University of Texas, Southwestern Texas State Teachers College, and Austin College. Many of these people travel a total of 80 miles per night to attend the classes. Clinical affiliation in occupational therapy will soon be available at Terrell State Hospital, while San Antonio State Hospital is providing clinical training for music therapists. A clinical training program in recreational therapy is being worked out between the state hospitals and Texas Woman's University.

The therapeutic approach, then, is possible in rehabilitation as in all other phases of the hospital program, only as each phase of the program increases its own skills. The varied services to mental hospital patients interlock and fit into one another to form a complete, team approach to early recovery of mental patients.

As can be seen, action programs to increase hospital efficiency have been undertaken in almost every area of hospital functioning—from research to rehabilitation therapy. It is evident from a review of progress made that as efforts are coordinated within and outside the hospitals to make

improvements, doors to normal life for many patients are swinging open.

PROGRAM FOR THE MENTALLY RETARDED

Testing Facilities

In carrying out the provisions of S.B. 221, the Board for Texas State Hospitals and Special Schools designated the Austin State School and the Abilene State School as diagnostic and admission facilities for the care, treatment, supervision, training, education, and control of mentally retarded persons committed or admitted to the jurisdiction of the Board. These two schools carry on the above functions in addition to those already assigned to them.

The establishment of a diagnostic center to determine eligibility and tentative diagnosis of persons alleged to be mentally retarded has aided considerably in placing in the schools those persons who can benefit most by training or care. Under the new act, persons are admitted to the diagnostic centers for a period not to exceed 14 days for the purpose of establishing eligibility for admission. After eligibility is determined, the person returns to his parents or guardian to await available space. Charges are assessed for services rendered by these two diagnostic centers; but if the person seeking the services, or his parents or guardian, are unable to pay, then the Claims Division may reduce or waive the charges.

Following a person's examination at the diagnostic center, the superintendent must inform the county judge of the county of residence that the person is eligible for admission to the jurisdiction of the Board as a mentally retarded person and forward to the judge a certificate to that effect. The person's parents or guardian are likewise to be notified.

Under the Mentally Retarded Persons Act, the superintendents and diagnostic staffs are instructed to try to work out a training plan with the parents or guardian of retarded children whereby the child may remain at home and receive training and education in his own home or community. (Spe-

cific rules for implementing the program for the mentally retarded are spelled out under Board Rules, Mentally Retarded, No. S-8, July 17, 1957.)

Some of the benefits of the new diagnostic centers can be shown by some figures from 1957. Of 97 alleged mentally retarded persons tested, 17 were rejected as being either not mentally retarded or unable to benefit from a stay at one of the schools for the mentally retarded. The cost of testing these 17 was approximately \$400. The cost of institutionalizing them for a one year period would have run \$15,000!

In addition to the diagnostic centers at Austin and Abilene, testing facilities have been set up at Texas Technological College in Lubbock; Stephen F. Austin State Teachers College in Nacogdoches; The Agricultural and Mechanical College of Texas at Bryan; North Texas State College in Denton; at John Sealy Hospital in Galveston, and at psychological testing centers in Beaumont, Corpus Christi, Tyler, Atlanta, Dallas, and Waco.

Research Programs

In the state schools, as in the state mental hospitals, the importance of research is recognized, and a concerted effort has been made to institute research programs which may help to give knowledge concerning mental retardation.

At the Austin State School, four studies are already underway: (1) a biochemical study of Mongolism; (2) study of the effect of Trilafon on disturbed and hyperactive mentally retarded children; (3) studies of physical and biochemical characteristics of Leprechaunism; and (4) study of the effect of Thorazine, Reserpine, and a combination of each on disturbed and hyperactive mentally retarded children and adults. All of these studies are being made by staff members of the School or by the staff in conjunction with some outside specialists.

In addition, ten psychological or psychological and educational studies are in progress at the Austin State School. Five of these are financed by a federal grant allocated through

The University of Texas. One particularly interesting project, undertaken during 1956-57 as part of the Institutional Research of the Austin State School, consisted of an evaluation of intellectual growth of a group of educable mentally retarded children under intensive instruction. These children were placed in an all-day educational program designed to stimulate optimal intellectual growth. Findings from this study showed that in a sizable number of cases, there was accelerated intellectual development and sufficient change in overall adjustment so that return to normal community life was possible in some cases. Another important research project, which began in January of 1957 and continues through September of 1959, evaluates and measures learning under variable conditions in the special education classes of the public schools, at Opportunity Center in Austin, and in the Austin State School classrooms for mentally retarded children with an I.Q. of less than 50. Three overall objectives of this study are: (1) to evaluate the overall merits of each of the three approaches; (2) to investigate methods of instruction and training used at each type of facility, and to study comparative degrees of progress; (3) to study any concomitant problems which may develop in the public school as a result of the trainable child's attendance.

Additionally, the Special Education Department of the School of Education at The University of Texas has approved the Austin State School as a student-teaching center. Members of the Department of Educational Psychology hold demonstration clinics at the school. From the School of Social Work, two students are doing field work placement, since the Austin State School has been approved as a field work training center. The Educational Psychology Department has also agreed to use the Austin State School in its training for interns in educational psychology.

Rehabilitation Program

As diagnostic and testing facilities have been instituted for the mentally retarded, the schools have been able to establish

a better-concentrated program for the people committed to them.

In addition, the funds appropriated by the 55th Legislature have given impetus to a program of training and placement for these patients. Although only 10 per cent of the persons in the state schools are considered trainable, a pilot plan for placement has already been instituted for them. Utilizing a teamwork approach which includes teachers, social workers, psychologists, and a full time person to recruit jobs, the schools have, under a pilot plan, placed 16 males and 11 females in jobs such as nursing homes, grocery stores, furniture manufacturing, and lumber yards. In one year these people earned \$12,134, and in addition, saved the state \$6,106 on the males and \$6,725 on the females for living costs in an institution.

The Texas Education Agency has entered into an inter-agency agreement with the Austin State School to interchange services and funds. Under this arrangement, a full-time person has been hired to find jobs for these trainable persons and to house them. The Rehabilitation Division of the Texas Education Agency pays the worker on a fee basis. All of the males who have been placed live in one unit under the care of the worker, who aids them in job problems, serves as a liaison person between them and their employers, and maintains after-work activities, such as shopping and football leagues.

This entirely new program for Texas state schools already has shown some dramatic results. As a half-way spot for transition from institutional to independent living, it provides an effective means to remove those trainable persons from the institution. The boys stay in their group unit until they have demonstrated that they are able to function on their own.

In addition, the Rehabilitation Division of the Texas Education Agency assists with job-training programs for the retarded. The Rio Grande Council for Mentally Retarded has been helped to establish, with the Texas Education Agency,

curriculums oriented toward vocations for the retarded on the campus of Pan-American College. This Division of the Texas Education Agency also works with special education, in such programs as a recently-sponsored workshop for school administrators, special education workers, and supervisors on the campus of Southern Methodist University.

In Houston, a counselor has been employed to assist with the locally mentally retarded program. This counselor works with the director of special education of the public schools and the director of the workshop operated by the Council for the Mentally Retarded. Plans are under way to follow the Houston pattern in such cities as Fort Worth, Dallas, and San Antonio.

One person on the staff of the Texas Education Agency serves as a consultant in the rehabilitation of the mentally retarded, working with counselors in the smaller communities.

Through the impetus of legislative action, plus the efforts of state school staffs, research, and the interest of volunteers, the opening door for many state school students is becoming a door to independent living.

STUDY PROGRAM IN HOSPITAL

Door to Self-Help

LEGISLATIVE APPROPRIATIONS, new bills, and volunteer efforts can aid in upgrading the state mental hospitals and in bringing about changes for the better. However, the training of personnel remains the key to opening doors to better and more efficient hospital operation.

The famous Dr. Will Menninger some years ago pointed out that brains must come before bricks, that people can get well in barns if they have the proper personal care. To a mental patient who often feels depressed, unloved, and miserable, the care and attention given to him by every member of the hospital staff, from attendants to psychiatrists, can spell out differences in his rate of recovery.

Trained personnel on all levels of hospital structure are in critical short supply, not only in Texas but throughout the nation. Consequently, although figures cannot be set out in statistical charts or on budget reports, the Texas State Hospitals have made one of their most dramatic advances in the in-service training of personnel, which has often been called Operation Bootstrap.

Beginning with the attendant category, the hospitals have held continuing training programs for ward personnel. Classes for such workers give basic information about various types of mental illnesses, along with more intensive training on attitudes toward and care of the mentally ill.

Proper maintenance of the physical structure of the hospitals, including floors, boilers, furnaces, and various machines can make a difference of thousands of dollars per year in

hospital upkeep. Knowing this, hospital heads also hold in-service training programs for those in the service industries, ranging from housekeeping duties to all forms of hospital maintenance, including the more intricate mechanical operations.

Cooperative training programs with colleges and organizations have paid off in many ways for Texas State Hospitals. State-supported junior colleges and the hospitals have worked together to set up a two-year course in technical nursing. Already 188 psychiatric nurse technicians have been graduated, and most of them have continued in hospital employment. There are, at present, 128 student nurses in training in this course, which provides 60 academic credits. Employment in one of the hospitals is a condition for enrollment. Another example of cooperative effort is the intensive short course for food service employees, which was given in 1957 as a joint program between Texas Woman's University and the hospital's dietary division, with the University's giving from one to three credits for the course. Plans are under way for an in-service school, with continuous refresher courses to be offered. Similar training has been made available to laundry supervisors.

In 1956, at the request of the executive director of the Board for Texas State Hospitals and Special Schools, hospital superintendents attended a five-day seminar on the fundamentals of organization and human relations. The seminar, sponsored by the College of Business Administration and the Extension Division of The University of Texas, was operated as part of the Executive Development Program for business and industry. In September of 1957 the program was expanded to include clinical directors, business managers, and directors of nursing services.

The hospitals have also instituted vital affiliate training in psychiatry, psychiatric nursing, psychiatric social service, and clinical psychology. In all of these important fields, the bootstrap training services offered by the hospitals themselves

have meant the constant upgrading of personnel at all levels of hospital operation.

The Hospital Board has taken an active interest in helping to provide additional education for its top-level personnel by sending the acting superintendent of the Big Spring State Hospital to the Menninger Foundation for a one-year course in hospital administration. The Board for Texas State Hospitals and Special Schools has continued this administrator's salary during the 1957-58 year, and a Department of Public Health and a Hogg Foundation grant have been made in order that this high-level training could be undertaken by one of Texas' hospital administrators.

CAMPING PROGRAM

Because the hospital camping program is unique in many ways, it deserves a special mention in discussion of self-help operations within the hospital system.

Impetus for the camping program came from a volunteer Christmas card selling project, and continuing support for the camping program, which was held for the second year in the summer of 1957, came from the Hospital Board itself.

Begun by interested members of the Volunteer Advisory Council to State Mental Hospitals, the selling of Christmas cards netted some \$3,000 with which to set up the camping program, now a cooperative venture with the Council, the hospitals, and the Texas Association for Mental Health.

Objectives of the camping experience were to provide an opportunity for patients to develop resourcefulness and initiative, to live around the clock in a democratic environment, to open new fields of interest, and to be able to share in some meaningful work experiences. The majority of patients attending camp were being readied for discharge. Many of them needed the opportunity to try their relationship skills outside the hospital walls and to test their own resourcefulness and abilities.

If present hospital philosophy provides an opening door policy, the camping experience offers a new world program!

The beautiful natural setting of the H. E. Butt Foundation Camp at Leakey, Texas gave many of the patients their first real communion with the outdoors in months or even years. The permissive attitude of the counselors and the democratic atmosphere of the camp offered patients an opportunity to know their own strengths as people, rather than as patients.

The camping program was held for a period of three weeks, with thirty patients, fifteen male and fifteen female, from each of two hospitals attending for a one-week period. A two-day workshop for personnel attending the camp was held before the arrival of the first group of patients and provided orientation to camp facilities, training in specific techniques of group work in a camp situation, and means of planning the best possible program to meet the needs of the selected patients. Each of the six hospitals provided transportation, food, and some personnel.

The minute patients arrived at camp, they became campers, not patients. Ward personnel were referred to as unit leaders, as were the camp council members who were elected from the groups.

The impact of the camping experience can best be described through one patient's statements. This patient, a slender young lady who had been hospitalized for eleven years, had been greatly aided through the use of tranquilizing drugs. Although the hospital considered her nearly ready for discharge, eleven years of hospital living had made her fearful of trying her own skills beyond the hospital doors. The camping experience provided her with assurance that she could react normally to real-life situations. Soon after camp was over, the young lady was discharged and made plans to return to college for some refresher courses in her profession.

Although the camping program has been on an experimental basis for the past two years, plans are being made through the supervisor of rehabilitation therapies to set it up on a research and training basis for the summer of 1958.

VOLUNTEER PROGRAMS

Door to Service

THOUSANDS OF VOLUNTEERS throughout the state, working in their mental health societies, in civic organizations, or simply as interested individuals, have provided many valuable services for the mentally ill and retarded in Texas.

TEXAS ASSOCIATION FOR MENTAL HEALTH

Their efforts were dramatically shown in the passage of Amendment 7, which was voted on on November 1, 1956. It would be difficult to name all of the individuals and organizations who worked for the passage of this important piece of legislation, which made possible the revision of laws for the mentally ill. Public service committees of local mental health societies worked unceasingly to bring information to the public. One hundred and thirty thousand copies of "Mental Illness is an Illness . . . Not a Crime" were printed and distributed by the Texas Association for Mental Health. The pamphlet carried the endorsement of the Sheriffs' Association of Texas, State Mental Hospital Development Association, Texas Association for Retarded Children, Texas Council of Churches, Texas Federation of Women's Clubs, Texas Junior Chamber of Commerce, the Board for Texas State Hospitals and Special Schools, Texas Medical Association, Texas Police Association, Texas Public Employees Association, and the Texas Social Welfare Association. Dozens of other volunteer and civic groups requested the pamphlet for distribution. National articles were written, and radio and television shows on the subject were produced.

A record number of Texas voters gave Amendment 7 resounding approval at the polls in a five to one victory. Since the same measure had been lost by a small majority in 1949, it was felt that an important factor in the passage was the growing public awareness of the nature of mental illness and the knowledge that laws should conform to the newer concept of care for the mentally ill.

Another indication of public interest in mental illness was given when Dr. William Menninger was invited to speak before a Joint Session of the Texas Legislature on February 12, 1957. A dinner sponsored by the Austin-Travis County Society for Mental Health and the Hogg Foundation for Mental Health drew close to 200 interested persons, who heard Dr. Menninger speak on the needs of the mentally ill.

Citizen interest and action may also be shown through the growth of the Texas Association for Mental Health, which, in 1955, had 19 local societies, a statewide membership of under 2,000, and no local offices. Since that time, membership has grown to approximately 20,000, with 22 local societies, and ten functioning offices. The Texas Association for Mental Health and its member societies provide information and referral services; they give direct assistance to the mentally ill and their families, work for improved treatment facilities, and carry on a wide program of education through consultation and planning of local community projects with industry, churches, schools, and other interested groups. The distribution of mental health pamphlets suitable for individual and group use is a newly expanded part of the over-all program.

In addition to organizational work, hundreds of people have found satisfactions in personal service to the mentally ill.

VOLUNTEER ADVISORY COUNCIL

Volunteers have made many improvements in Texas State Hospitals, both in tangible contributions, such as repainting and refurnishing reception rooms and canteens, aiding with garden clubs, cooking and charm classes, and instituting cloth-

ing shops; and intangible contributions shown in their warmth and friendship toward the patients. Another intangible quality of volunteer work comes in the volunteer's understanding of the hospital and the mental patient and his interpretation of the hospital program to the community.

Indicative of increasing volunteer interest in the hospitals is the fact that during the past fiscal period, 2,436 organized groups visited and helped in the hospitals and special schools. The Volunteer Advisory Council to State Mental Hospitals, boasting local groups at each of the state hospitals, reported that for the fiscal period from September 1, 1956 through August 31, 1957, 3,206 regular volunteers to mental hospitals gave 30,755 hours of service. In addition, 8,673 occasional volunteers gave 25,492 hours of service, a total of 56,247 hours. In the Abilene State School, the Austin State School, the Farm Colony, and the Mexia State School, 717 regular volunteers donated 5,270 hours, and 4,493 occasional volunteers gave 18,892 hours, a total of 24,162 hours. Cash donations in mental hospitals came to \$10,932.48 and in the state schools to \$10,386.40, while estimates of gifts of clothing, food, prizes and gifts, and other services were, for the mental hospitals, \$19,008, \$10,186, \$24,906, and \$21,420. In the state schools, such gifts were totaled as follows: clothing, \$16,203; food, \$2,842; prizes and gifts, \$11,852; and other donations, \$3,823. These services come to the staggering total (using the minimum wage standard of \$1 per hour for volunteers) to \$142,699 for the mental hospitals and \$69,267.90 for the state schools!

The above figures give only monetary estimates of the services without any attempt to spell out what these services have meant in terms of improved patient care, the therapeutic effect of contact with people outside the hospitals, or the sense of recognition which comes to patients and students who are visited by interested persons.

Next steps toward rehabilitation of the patient leaving the hospital are being taken in a few areas of the state. In Dallas, the Mental Health Society has sponsored Manning House,

which serves as a "halfway house" for patients who have been discharged or furloughed from mental hospitals but who still need the support and help of ex-patients and of other people who care about them and their readjustment to society.

A forward step in the implementing of a volunteer program at the Austin State School was taken in 1956 when a full-time person was hired to coordinate volunteers, and to help improve services at the school, to aid in educating the community to the needs and programs at the school, and to assist persons wanting to give volunteer service.

In a little over a year, the volunteer program has produced results in many areas. Volunteers already work as office aides, as religious educators, as recreation social service aides, and as shoppers for and with the students. Seventy-eight regular service volunteers have put in 1,792 hours the first year, and 3,042 occasional volunteers gave 1,792 hours. Three hundred and four organizations donated 7,260 hours of time.

In money, the volunteer program received \$8,185.41 the first year as follows: cash, \$1,901.41; clothing, \$975; food, \$487; prizes and gifts, \$4,622; and books, \$200.

TEXAS ASSOCIATION FOR RETARDED CHILDREN

The Texas Association for Retarded Children, organized eight years ago, is composed of 32 local retarded units over the state. A volunteer organization, the Association has no paid workers.

At the local level TARC helps to establish opportunity centers for the training and teaching of retarded children. Interested citizens and local civic organizations have aided also in setting up such centers.

The Association has worked to secure legislation for the benefit of retarded children. It also serves as a liaison group between the local units and the various federal and state agencies.

STATE MENTAL HOSPITAL DEVELOPMENT ASSOCIATION

The State Mental Hospital Development Association, lo-

cated in Odessa, Texas, has, in the few years of its existence, worked along with other volunteer groups for better conditions at Texas State Hospitals. For example, the group has presented television sets, radios, clothing, Bibles, furniture, musical instruments, and sporting equipment to the various hospitals. It donated two electric organs to the hospitals at Rusk and Big Spring and has helped to organize youth groups in West Texas for the purpose of studying the mental hospitals and presenting gifts and programs at the Big Spring Hospital. The Association has, in addition, aided with the organization of an active chapter of ex-mental patients which encourages and assists its members in various ways.

The Association worked actively for the passage of Amendment 7, contributed funds to secure a report on the Mental Health Services of Texas by Dr. Gerty, and has served as a public information center and as a library for students and adults seeking material on mental illness. The Association has secured the interest and support of the Junior Chamber of Commerce in that area on its program for the mentally ill, and has engaged in many speaking projects to inform people about their responsibility toward those mentally ill persons.

In addition, the Association has made a study of geriatric centers. It has formed a committee of business men and women who are devoting themselves to the rehabilitation of patients. The committee, aided by the staff at Big Spring State Hospital, is currently preparing a survey of the problem of rehabilitation of mentally ill persons. The State Mental Hospital Development Association was selected by Beta Sigma Phi of Texas for a state project in 1957-58. The sorority, which has sent hundreds of gifts to patients, is also engaged in a large educational program on mental health for its own members.

OTHER VOLUNTEER EFFORTS

The Junior Chambers of Commerce of Texas showed their interest in the problems of mental hospital patients late in 1955 by asking the Hogg Foundation for Mental Health to

